

CLAIMANT'S NAME				SOCIAL SECURITY NUMBER					
	BYE	PROCESS DATE	LWP	BALANCE	WBA	EXT	BATCH	PR	

State of Washington – Employment Security Department
UNEMPLOYMENT INSURANCE CLAIM FORM

**Please print your name and social security number above.
We cannot process your claim without it.**

If your name, address or telephone number has changed since your last contact with this office, show the correction here.

OFFICE USE ONLY

ADDR CHANGE? ___ IPR? ___ OUT-OF-AREA? ___ LATE? ___

IMPORTANT: If your name, address and/or telephone number is incorrect, please show corrections here.

Name _____

Address _____

Address _____

City: _____ State _____ Zip _____

Phone No. Area Code () _____

ANSWER ALL QUESTIONS BELOW	I am claiming unemployment benefits for the calendar week(s) ending midnight Saturday. THE DATES ARE:	FIRST WEEK		SECOND WEEK	
		YES	NO	YES	NO
1. Were you physically able and available for work each day? (If No, complete "A" below.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you make an active search for work each week as directed? (If No, complete "A" below.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you refuse any offer of work or fail to go for a scheduled job interview? (If Yes, complete "A" below.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you applied for or did you receive workers or crime victim's compensation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you applied for or did you have a change in pension? (If Yes, complete "B" below.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive holiday pay? (If Yes, enter gross amount of pay before deductions and complete "C" below.)		<input type="checkbox"/> \$ _____	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
7. Did you receive vacation pay? (If Yes, enter gross amount of pay before deductions and complete "D" below.)		<input type="checkbox"/> \$ _____	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
8. Did you receive pay in lieu of notice or termination pay? (If Yes, enter gross amount of pay before deductions and complete "E" below.)		<input type="checkbox"/> \$ _____	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
9. Did you work? (If Yes, complete "F" below.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A If you answered **"NO"** to questions 1 or 2, or **"YES"** to question 3, tell us why. Give details. (Were you sick, on vacation, had you returned to work, was the job too far away?) GIVE EXACT DATES. Explain WHERE (such as job location or location of school); WHO was involved (name of person who interviewed you, name of doctor, name of school). If you have other information you believe important, please explain or attach documentation. (If more writing space is needed, use the back of this form.)

Explanation: _____

B If you answered **"YES"** to question 5, please provide the following information about your pension.
Pension source? _____; Is it: ☐ a new pension? or ☐ a change in an existing pension?
New or changed monthly amount before deductions is \$ _____; Effective date of this new or changed pension is _____.

C If you answered **"YES"** to question 6, be sure you have shown the gross amount of the holiday pay before deductions. For what holiday(s) were you paid? _____; Payment source? _____; Hours paid for? _____.

D If you answered **"YES"** to question 7, be sure you have shown the gross amount of pay before deductions. The vacation pay was for: ☐ a cash-out of prior time earned, or ☐ certain specified dates (If for specified dates, what dates and hours? _____); Payment source? _____.

E If you answered **"YES"** to question 8, be sure you have shown the gross amount of pay before deductions. What type of pay? _____; For what date(s)? _____; Reason for pay? _____; Payment source? _____.

F If you answered **"YES"** to question 9, please provide the **HOURS** and **EARNINGS** information for each employer you worked for.

1. Employer's Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Type of Work: _____

NUMBER OF HOURS WORKED EACH DAY

FIRST WEEK							TOTAL HOURS	GROSS EARNINGS
SU	MO	TU	WE	TH	FR	SA		

SECOND WEEK							TOTAL HOURS	GROSS EARNINGS
SU	MO	TU	WE	TH	FR	SA		

If not scheduled to work after week(s) claimed, check reason why:

- 1 ☐ QUIT; 2 ☐ FIRED; 5 ☐ LACK OF WORK;
9 ☐ LACK OF WORK, HOURS REDUCED;
☐ OTHER _____

2. Employer's Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Type of Work: _____

NUMBER OF HOURS WORKED EACH DAY

FIRST WEEK							TOTAL HOURS	GROSS EARNINGS
SU	MO	TU	WE	TH	FR	SA		

SECOND WEEK							TOTAL HOURS	GROSS EARNINGS
SU	MO	TU	WE	TH	FR	SA		

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- 1 ☐ QUIT; 2 ☐ FIRED; 5 ☐ LACK OF WORK;
9 ☐ LACK OF WORK, HOURS REDUCED;
☐ OTHER _____

– PLEASE READ CERTIFICATION STATEMENT AND SIGN HERE BEFORE TURNING IN YOUR CLAIM FORM –

I certify that all information I provided on this form is correct. I know the law imposes penalties for false statements made on this claim.



CLAIMANT'S SIGNATURE _____

EXTENDED BENEFITS CLAIMANTS PLEASE SEE SECOND PAGE

FOR EXTENDED BENEFIT CLAIMANTS ONLY — JOB SEARCH CONTACTS

If you are claiming extended benefits, you are required to report your job search activity to this department for each week that you claim benefits.

INSTRUCTIONS: When you claim Extended Benefits, you must make a minimum of **four** employer contacts per week. The information requested below should be taken from the Job Search Logs that you are required to keep to record your job search activities. **Do not mail your Job Search Logs to the department unless we ask for them, but DO mail this form to the department with the requested information shown below.** We may call the employers listed to verify that you looked for work.

Providing false information is fraud and you can be denied unemployment benefits for up to two years.

NAME: _____ SSN: _____

EMPLOYER CONTACTS					
	DATE OF CONTACT	EMPLOYER NAME AND PLACE OF BUSINESS	CONTACT TYPE (In-person, Phone, E-Mail, etc.)	TYPE OF WORK SOUGHT	RESULTS
FIRST WEEK					
Please return this form to the: Employment Security Department, Centralized Claims Processing Unit, PO Box 9555, Olympia, WA 98507-9555 OR FAX it to: (360) 902-9558 (From Olympia local calling area) OR 1-877-280-6224 (From all other areas) This is a toll-free number. (You must enter 877 before entering 280-6224.)					
SECOND WEEK					